

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-043511

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 79

FILED DEC 3 1962

1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>California</u>		c. CITY OR TOWN <u>Clarksburg</u>	
Length of stay in lb <u>6 Weeks</u>		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Latham Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>No street numbers</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>William Johnson Hodges</u>		4. DATE OF DEATH Month Day Year <u>November 20th 1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-25-1878</u>
9. AGE (last birthday) <u>83</u>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	
11. BIRTHPLACE (City and state or country) <u>Cooper County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>James Hodges</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Long</u>	
14. NAME OF HUSBAND OR WIFE <u>Anna Maude Hodges (deceased)</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Billie Meisberger (daughter) Clarksburg, Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic myocarditis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) <u>Fracture of hip - 5 weeks</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 months</u> <u>2 years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Fracture of hip - 5 weeks</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>California, Mo</u>	
20g. COUNTY <u>Clarksburg</u>		20h. STATE <u>Missouri</u>	
21. I attended the deceased from <u>Oct 14, 1962</u> to <u>Nov 20, 1962</u> and last saw him alive on <u>Nov 20, 1962</u> Death occurred at <u>8:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Kenneth Latham M.D.</u>	
22b. ADDRESS <u>California, Mo</u>		22c. DATE SIGNED <u>11-22-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11/24/1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Clarksburg, Missouri</u>
24. FUNERAL DIRECTOR <u>Jervell E. Richards-Tipton Mo</u>		25. DATE RECD. BY LOCAL REG. <u>11/26/62</u>	
26. REGISTRAR'S SIGNATURE <u>Nelson L. Popey</u>			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~or by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Jewell-E. Richards

Licensed Embalmer No. *2464*

P. O. Address

Lipton, Me.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.